

FILED
CLERK'S OFFICE
UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

AMY RIVERA, ADMINISTRATRIX OF
THE ESTATE OF SHADIAMAN HUACON,
ESSEX PROBATE COURT DOCKET
#02P-1675AD1

Plaintiff

v.

UNITED STATES OF AMERICA,

Defendant

2004 JAN 15 P 12:02

U.S. DISTRICT COURT
DISTRICT OF MASS.

Docket #03CV-12435RWZ

PROOF OF SERVICE

On December 16, 2003, I mailed a copy of the complaint, civil action cover sheet and summons to the defendant United States of America, postage prepaid, by certified mail, return receipt requested to the United States Attorney for the District of Massachusetts, Michael Sullivan, United States District Court, One Courthouse Way, Boston, MA 02210 and John Ashcroft, United States Attorney General, U.S. Department of Justice, 950 Pennsylvania Avenue, NW, Washington, D.C. 20530-0001. The return receipts and summons are attached.

Signed under the penalties of perjury this 13 day of January, 2004.

Plaintiff

By her attorneys,



ALBERT L. FARRAH, JR., ESQ.

One Washington Mall

Boston, MA 02108

(617) 742-7766

B.B.O. #159340

SENDER ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: John Ashcroft, United States Attorney General U.S. Department of Justice 950 Pennsylvania Avenue, NW Washington, DC 20530-0001		B. Received by (Printed Name)	C. Date of Delivery DEC 28 2003
2. Article Number (Transfer from service label) 7000 1670 0000 7500 3776		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, August 2001		Domestic Return Receipt	
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1. Article Addressed to: Michael Sullivan, United States Attorney United States District Court One Courthouse Way Boston, MA 02210		B. Received by (Printed Name)	C. Date of Delivery 1/21/04
2. Article Number (Transfer from service label) 7000 1670 0000 7500 3769		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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